



Department of Public Works

Columbus, Georgia
Georgia's First Consolidated Government
Post Office Box 1340 / Columbus, Georgia 31902-1340



APPLICATION FOR CREDIT ACCOUNT

Waste Disposal Division
7900 Pine Grove Way
Columbus, GA. 31907
Telephone (706) 225-4515 Fax (706) 225-4519
http://www.columbusga.gov/publicworks/wastedisposal.htm

DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_
(Need copy of Georgia Business license and list of vehicles & drivers on your letterhead.)

BILLING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

RESPONSIBLE PARTY (1) \_\_\_\_\_

PHONE# \_\_\_\_\_ EMAIL \_\_\_\_\_

RESPONSIBLE PARTY (2) \_\_\_\_\_

PHONE# \_\_\_\_\_ EMAIL \_\_\_\_\_

I, (We) the undersigned, do hereby understand and agree that I (We) have applied for and been accepted as a credit customer at the Columbus Consolidated Government Landfill. I (We) have agreed to render payment no later than Twenty (20) working days following the bill-out-date of same account.

I (We) have read and agree to the terms and conditions and do hereby understand that failure to comply with the terms set forth in this agreement will constitute default and may result in the forfeiture of privileges at the landfills. Should this account become default, the Consolidated Government shall take whatever steps deemed necessary to collect any monies due from the applicant. All disputed charges must be reported in 90 days or they will become the responsibility of the applicant. The Landfill retains the right to refuse any materials. Processing may take up to 15 days.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Approval \_\_\_\_\_ Date \_\_\_\_\_ Landfill \_\_\_\_\_ Account# \_\_\_\_\_

Approval \_\_\_\_\_ Date \_\_\_\_\_ Revenue \_\_\_\_\_ Vehicle# \_\_\_\_\_